

## The Planning Process

### Funding from the Centers for Disease Control and Prevention

In September 2004, the North Carolina Asthma Program was awarded funding from the Centers for Disease Control and Prevention (CDC) to accomplish the following: 1) establish a viable program infrastructure; 2) develop a comprehensive state asthma plan that addresses asthma in all ages and ethnic groups and in multiple settings; and 3) enhance existing surveillance systems for asthma to better monitor prevalence, morbidity, mortality, and work-related asthma in North Carolina. The state asthma program infrastructure was established in September 2005, and state asthma program staff began collaborating with the Asthma Alliance of North Carolina (AANC), the Asthma Project Management Team (PMT), and other key partners to begin gathering information and developing the North Carolina Asthma Plan.

### The State Plan Facilitated Workshop

The North Carolina Asthma Program sponsored a state asthma plan facilitated workshop in April 2006. Prior to the workshop, the following background and mission statement was developed by the state asthma program for the workshop: “As the burden of asthma continues to be of great concern in North Carolina and nationwide, having a comprehensive state asthma plan with clearly defined priorities is becoming increasingly necessary. People of all backgrounds are affected by asthma, thus a uniform plan for dealing with the disease is in order. This State Plan Facilitated Workshop will allow public health leaders, community representatives, and asthma advocates to collectively identify key priorities, goals, and objectives to facilitate the development of the North Carolina Asthma Plan.”

Prior to the workshop, state asthma program staff developed a list of 18 state plan priorities, based upon key surveillance results included in the *Burden of Asthma in North Carolina* report. This list of priorities was presented and discussed at the workshop, and was subsequently

approved by workshop participants. The finalized North Carolina Asthma Plan priorities are as follows, in no particular order:

- Reduce disparities in the asthma mortality rate among racial and ethnic groups;
- Reduce the prevalence of asthma among Native Americans, African Americans, and other disproportionately affected groups;
- Reduce the impact of asthma on women in North Carolina;
- Reduce the prevalence of asthma among those with a low socioeconomic status;
- Reduce asthma mortality for those in the 65+ age bracket;
- Align asthma hospitalization rates in North Carolina with the Healthy People 2010 and Healthy Carolinians goals;
- Decrease the number of emergency room and urgent care visits due to asthma;
- Promote systems change in health care settings to improve the quality of care of people with asthma;
- Increase the number of North Carolina schools with full-time nurses on staff;
- Increase the number of North Carolina schools educating staff about asthma;
- Increase the number of North Carolina schools educating students with asthma about asthma management;
- Increase the number of North Carolina counties with active asthma coalitions or work groups;
- Reduce environmental asthma triggers in public housing settings;
- Work to reduce second-hand smoke exposure;

- Address challenges due to lack of uniformity in school asthma action plans;
- Promote self-medication and other asthma or asthma-related legislation; and
- Reduce the barriers in access to surveillance data.

The facilitated workshop was organized to allow participants the opportunity to provide input and lend their knowledge to as many areas of the state plan as possible. The workshop featured three rounds of breakout sessions. Participants were randomly assigned to topic areas for their first two sessions. The third and final round of breakouts allowed participants to attend the session around the topic area in which they considered themselves to be an “expert.” The expert panel in each topic area reviewed each goal and objective proposed in the first two rounds and developed a set of goals and objectives to present to the group at large and to the Asthma Alliance of North Carolina. After initial approval by facilitation workshop participants, these goals and objectives became the first draft of our strategic plan. Breakout sessions and expert panel groups were organized into six topic areas:

- Education and Public Awareness
- Environmental
- Health Disparities
- Medical Management
- Policy
- Surveillance

Participants in the facilitated workshop were provided with the *Healthy People 2010* asthma goals, as set forth by the United States Department of Health and Human Services. The goals are as follows:

- Reduce asthma deaths;

- Reduce hospitalizations for asthma;
- Reduce emergency department visits for asthma;
- Reduce activity limitations among persons with asthma;
- Reduce the number of school or work days missed by persons with asthma due to asthma;
- Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of asthma; and
- Increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP (National Asthma Education and Prevention Program) guidelines.

Workgroup participants were asked to consider and include these concepts, along with the aforementioned state plan priorities, as they developed potential goals and objectives for their respective sections.

North Carolina also has its own version of Healthy People 2010, *Healthy Carolinians*. *Healthy Carolinians* emphasizes the following two asthma-related objectives:

- Reduce the rate of asthma related hospitalizations; and
- Reduce the number of school days missed by children with asthma.

In addition to state plan priorities, Healthy People 2010 goals and objectives, and *Healthy Carolinians* objectives, participants in the facilitated workshop were also given a worksheet with the “SMART” (specific, measurable, attainable, relevant, and time-bound) format for developing goals and objectives. This worksheet, along with an accompanying presentation by the state asthma program consultant, guided participants through the process of “making objectives SMART” and questions to ask about the objective/strategy as it is being developed. They were asked to utilize this format when formulating their ideas for particular objectives and strategies.



## Follow-up Meetings

The workgroups established at the facilitated workshop, along with other interested stakeholders who joined one or more of the workgroups, met several times following the workshop through AANC subcommittee meetings, Asthma Project Management Team meetings, conference calls, emails, and other personal review meetings with the state asthma program consultant. Goals and objectives were adapted as needed. Strategies were developed for each of the plan's sections, and new versions of the draft were presented to the AANC, AANC subcommittees, Asthma Project Management Team, and other key asthma stakeholders for review.

A final draft of the North Carolina Asthma Plan was presented to the Asthma Alliance of North Carolina (AANC) at their January 2007 quarterly meeting.

## Strategic Planning by Local Asthma Coalitions

In conjunction with state planning efforts, the North Carolina Asthma Program has encouraged local asthma coalitions and workgroups to engage in their own strategic planning activities. With the help of CDC funding, the N.C. Asthma Program was able to offer short-term funding to five lead counties across the state in order that they may lead efforts to build coalitions and encourage strategic planning among coalitions in their respective regions. During regional workshops, coalition and workgroup participants were given a suggested template for creating a strategic plan for their coalition activities or enhancing their coalition's existing plan. Upon the completion of these regional workshops, regional coordinators were available to provide technical assistance to each coalition as they progressed in their planning processes. The state asthma program consultant continues to be available for technical assistance as local asthma coalitions and workgroups develop goals and objectives for their respective communities.

## Policy Initiatives and the State Plan

Policy was originally included as one of the sections of the state asthma plan, and goals and objectives were developed to be included as part of this section. Upon further review and consideration, the Asthma Project Management Team, Asthma Alliance co-chair, and N.C. Asthma Program staff decided not to have Policy as its own section, but to instead make Policy a priority that should be integrated and prevalent throughout each section of the plan. While many topics are echoed throughout the plan, policy initiatives have been included with each of the five remaining topic areas.

## Across the Workgroups

As previously mentioned, the North Carolina Asthma Plan has been divided into the following five sections: Education and Public Awareness; Health Disparities; Medical Management; Surveillance; and Environmental. It is important to note, however, that many crucial concepts and themes are carried throughout the plan and are thus not confined to one particular section. Many of the workgroups, for example, have included asthma action planning, smoke-free policies, public awareness campaigns, asthma educator certification, and the promotion of guidelines and best practices in their goals, objectives, and/or strategies. The workgroups, the N.C. Asthma Program, and the AANC feel that this is very positive, as multiple entities will be working to address asthma-related initiatives from different and valuable perspectives.

## Partners and Stakeholders

The North Carolina Asthma Program would like to acknowledge the support and contributions of its many valued partners and stakeholders. In order to create the most comprehensive state plan possible, the support of a wide range of individuals, groups, and organizations was sought and obtained. Those represented in state plan development include asthma education programs, local health department representatives, environmental specialists, nurses, physicians, respiratory therapists, school health professionals, local asthma coalition members, state health department representatives, statisticians, non-profit organizations, and people with asthma, among others.

